

# APPLICATION FOR FEDERAL ASSISTANCE

<b>1. TYPE OF SUBMISSION:</b> Application      Pre-application <input checked="" type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Construction</b> <input type="checkbox"/> <b>Non-Construction</b> <input type="checkbox"/> <b>Non-Construction</b>		<b>2. DATE SUBMITTED</b> 08-13-1967		Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b> 08-13-1967		State Application Identifier	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> 08-13-1967		Federal Identifier	
<b>5. APPLICANT INFORMATION</b>					
* Legal Name:			<b>Organizational Unit:</b>		
			Department:		
* Organizational DUNS:			Division:		
<b>Address:</b>			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
* Street 1: Street 2:			Prefix:      * First Name:		
* City:			Middle Name:		
County:			* Last Name:		
* State: St      * Zip Code:			Suffix:		
* Country: AFG			Email:		
<b>6. * EMPLOYER IDENTIFICATION NUMBER (EIN):</b>			* Phone Number (give area code)		Fax Number (give area code)
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es)    A    A Other (specify)			<b>7. * TYPE OF APPLICANT:</b> State Government Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE:			<b>9. * NAME OF FEDERAL AGENCY:</b>		
<b>12. * AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b>			<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>		
<b>13. * PROPOSED PROJECT</b>			<b>14. * CONGRESSIONAL DISTRICTS OF:</b>		
* Start Date: 08-13-1967      * Ending Date: 08-13-1967			* a. Applicant      * b. Project		
<b>15. * ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
* a. Federal	\$	0.00	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION / APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08-13-1967 b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
* b. Applicant	\$	0.00			
* c. State	\$	0.00			
* d. Local	\$	0.00			
* e. Other	\$	0.00			
* f. Program Income	\$	0.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input checked="" type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No		
g. TOTAL	\$	0.00			
<b>18. * TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES.</b>					
a. Authorized Representative					
Prefix:		* First Name:		Middle Name:	
* Last Name:			Suffix:		
* b. Title:			* c. Telephone Number (give area code):		
* Email:			Fax Number (give area code):		
d. Signature of Authorized Representative:			e. Date Signed: 08-13-1967		

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Standard Form 424 (Rev. x-xx)  
Prescribed by OMB Circular A-102

**DELINQUENT FEDERAL DEBT EXPLANATION**

**The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt.**

Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.